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CONFIRMATION NO. 6230

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/823,581 | FILING DATE<br>04/14/2004<br><br>RULE | CLASS<br>714 | GROUP ART UNIT<br>2138 | ATTORNEY DOCKET NO.<br>XA-10077 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

APPLICANTS

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 Teruo Kitamura, Tachikawa, JAPAN;

\*\* CONTINUING DATA \*\*\*\*\* *None* *4/10/06*  
*YES*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 JAPAN 2003-182258 06/26/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/25/2004

|   |                              |                         |                       |                            |
|---|------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>14 | TOTAL<br>CLAIMS<br>13 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                              |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i>  |                              |                         |                       |                            |

ADDRESS  
 181  
 MILES & STOCKBRIDGE PC  
 1751 PINNACLE DRIVE  
 SUITE 500  
 MCLEAN, VA  
 22102-3833

TITLE  
 Semiconductor integrated circuit and electronic system

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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